



- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

EXAMPLE:

Yes ☒ No ☐

## COMPANY LICENSE APPLICATION

### COMPANY INFORMATION (CORPORATION, COMPANY OR SOLE PROPRIETOR)

Under the provisions of Title 10, Chapter 1702 Occupations Code, as amended, application is hereby made for a license to offer and perform the services of an investigations company and/or security services contractor. (NOTE: A company is responsible for continued accuracy of all information relating to a Branch Office and for any late fees relating to the renewal of this license).

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

I understand that the naming of companies is subject to Rule §35.41 and have also visited the PSB website to ensure that I am not utilizing another company's name or anything similar.

Yes ☐ No ☐

Name of Corporation, Company or  
Full Name of Sole Proprietor

Assumed Name  
(IF ANY)

Mailing  
Address

City

State  
(2- Digit Code)

ZIP

Physical  
Address

City

State  
(2- Digit Code)

ZIP

If the address you have listed is your home address, be advised that your submission of this document will constitute a waiver of the confidentiality of your address (as provided in Texas Occupations Code § 1702.085).

Business  
Phone ( )

Business  
Fax ( )

Business Email  
(Optional)

### TYPE OF OWNERSHIP (CHECK ONE)

- ☐ Sole Proprietor ☐ Corporation (Inc., Corp.) ☐ Limited Liability Partnership (LLP)  
☐ Partnership ☐ Limited Liability Corporation (LLC) ☐ Limited Liability Company (LLC)

### TYPE OF LICENSE (CHECK ALL THAT APPLY)

#### DESCRIPTION

ORIGINAL + SUBSCRIPTION = FEE

#### Class A

(CHECK ALL THAT APPLY)

- ☐ Investigations Company

CLASS A  
(Investigations ONLY)

\$350 + \$11 = **\$361**

#### Class B

(CHECK ALL THAT APPLY)

- ☐ Guard Company ☐ Locksmith Company  
☐ Alarm System Company ☐ Security Consultant Company  
☐ Armored Car Company ☐ Electronic Access Control Device  
Company (Includes Gate Operators)  
☐ Courier Company  
☐ Guard Dog Company

CLASS B  
(Contractor services ONLY)

\$400 + \$12 = **\$412**

#### Class C

(CHECK ALL THAT APPLY)

- ☒ Investigations Company ☐ Locksmith Company  
☐ Guard Company ☐ Security Consultant Company  
☐ Alarm System Company ☐ Electronic Access Control Device  
Company (Includes Gate Operators)  
☐ Armored Car Company  
☐ Courier Company  
☐ Guard Dog Company

CLASS C (Investigations  
AND Contractor services)

\$540 + \$16 = **\$556**

Please state the general nature of the service(s) you intend to provide:

Last Name of  
Manager

First

M.I.

Suffix  
(If Any)

### PAYMENT INFORMATION

I am submitting the appropriate fee(s) with this application **by mail**.

Yes ☐ \*If yes, a PSB-50 form **must** be submitted with this application.

(Note: Payment must be in the form of a cashier's check, money order or company check.)

No ☐

I understand that all fees submitted to Private Security are **non-refundable**, are **not** transferable and that, in accordance with Administrative Rule 35.77, I will have **90 days** from the date the application is received by the Department to turn in all required documentation, supplemental information and/or fees OR this application will be abandoned and I will be required to reapply.

Yes ☐

No ☐

Name of Corporation, Company or  
Full Name of Sole Proprietor

**SUPPLEMENTAL INFORMATION** (EVIDENCE)

Are you applying as a **Critical Infrastructure** facility?

Yes ☐

\*If yes, you **must** submit form PSB-44 along with this application.

No ☐

COMPLETE **EITHER PART I. OR PART II.**

**PART I. SOLE PROPRIETOR ONLY** (PERSON LISTED BELOW MUST REGISTER AS AN OWNER)

Last Name of  
Individual Owner

First

M.I.

Suffix  
(If Any)

**PART II. CORPORATION OR PARTNERSHIP ONLY** (EACH PERSON LISTED BELOW MUST REGISTER AS AN OFFICER, PARTNER AND/OR SHAREHOLDER)

Officers or Partners	Last Name	First	M.I.	Suffix
President or Partner				
Vice President or Partner				
Secretary or Partner				
Treasurer or Partner				

Identify all *entities* (owners, partners or shareholders), in the spaces below, who own 25% or more of the company. If there are any *entities* owning of less than 25%, then provide a brief, general description of the nature of the *entities* (i.e. "Multiple owners holding less than 1% each," or "Corporation Z holding 15%," etc.). The descriptions below **must provide information on 100% of the ownership**.

Percent of Interest	Last Name	First	M.I.	Suffix
%				
%				
%				
%				
%				
%				
%				
%				
%				

I verify that the information provided is true and correct, and I understand that this is an **official Government record** and that any false statement made on this document or any other supplement provided to the Department may result in **criminal prosecution**.

Applicant Signature\_\_\_\_\_

Date\_\_\_/\_\_\_/\_\_\_

This form and any attachments can be or forwarded by mail to:

**Texas Department of Public Safety  
Private Security MSC 0242  
PO Box 15999  
Austin, TX 78761-5999**